

**Occupational Therapist GROUP**  
**Provider Type 88**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when they have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to members who only have Medicaid benefits.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 for all Occupational Therapists within the group. (Individual provider number (88) **must** be active in order to join a group.
- Medicare certification letter with effective date for group
- CLIA (if applicable)
- W-9
- NPI and Taxonomy Verification

**Important addresses:**

- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602